

**APPLICATION TO OPERATE A BOWLING CENTER**  
FEES: \$5.00 PERMIT FEE; \$5.00 PER LANE OCCUPATION TAX  
LICENSE YEAR: JUNE 1 THRU MAY 31

**RETURN TO:**

City Clerk's Office, 555 S. 10<sup>th</sup> St., Lincoln, NE 68508

**LMC Chapter 5.14**

**Please PRINT using blue or black ink only.**

APPLICANT'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:					

BUSINESS INFORMATION			
"DOING BUSINESS AS" NAME:			
STREET ADDRESS:			
ZIP:		PHONE #:	

MAILING ADDRESS				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

**Organization of the Applicant, including ownership:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Lanes:** \_\_\_\_\_

**Complete description of the premises to be used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

***Applications are available on the City's web site at "www.lincoln.ne.gov"***

**REFERRALS**

**HEALTH DEPT.:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRE DEPT.:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUILDING & SAFETY DEPARTMENT:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE DEPT.:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_